

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention  | METHOD AND APPARATUS FOR WELLBORE FLUID TREATMENT |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
|---|---|-----------|-------------|--------------------------------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--|--|--|--|--------------------------------------|
| Application Number :<br>Date :<br>First Named Applicant: Daniel Jon Themig<br>Attorney Docket Number: 45023-11  |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <b>TOTAL FEE AUTHORIZED \$ 384</b><br>Patent fees are subject to annual revisions on or about October 1st of each year.   |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Filing as small entity  |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <b>BASIC FILING FEE</b>   |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></table>   |   |           |             | Fee Description                      | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001              | 375 | 375  | Subtotal For Basic Filing Fees: \$ 375 |   |                        |   |      |    |   |  |  |  |  |                                      |
| Fee Description   | Fee Code  | Amount \$ | Fee Paid \$ |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Utility Filing Fee  | 2001  | 375       | 375         |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Subtotal For Basic Filing Fees: \$ 375  |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <b>EXTRA CLAIM FEES</b>   |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 21</td><td>1</td><td>2202</td><td>9</td><td>9</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 9</td></tr></table> |   |           |             | Fee Description                      | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 21 | 1   | 2202 | 9                                      | 9 | Independent Claims : 2 | 0 | 2201 | 42 | 0 |  |  |  |  | Subtotal For Extra Claims Fees: \$ 9 |
| Fee Description   | Extra Claim                                       | Fee Code  | Amount \$   | Fee Paid \$                          |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Total Claims : 21   | 1   | 2202      | 9           | 9                                    |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Independent Claims : 2  | 0   | 2201      | 42          | 0                                    |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
|   |   |           |             | Subtotal For Extra Claims Fees: \$ 9 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Deposit account number:   | 022057  |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Access Code   | *****   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Deposit name:   | BENNETT JONES LLP                                 |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Deposit authorized name:  | Roseann Caldwell                                  |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Signature:  | RCaldwell   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Date (YYYYMMDD):  | 2003-08-19  |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |   |           |             |                                      |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |  |  |  |  |                                      |